

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece



F. Knight
 Autauga Metro Jail
 136 North Court Street
 Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Barbara B. Rhodes☐ Agent☐ Addressee

B. Received by (Printed Name)

Deborah G Rhodes

C. Date of Delivery

*12-26-07*Delivery address different from item 1? ☐ YesIf, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 7779

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540